



# APPLICATION FOR NURSERY DEALER'S LICENSE

State Form 42898 (R9/6-03)  
Form Approved by State Board of Accounts, 2003

Indiana Department of Natural Resources  
Division of Entomology & Plant Pathology  
(317) 232-4120

☐ License Renewal ☐ New Nursery Dealer

## STATE OFFICE USE ONLY

Date	Amount \$
Check number	License Number

### INSTRUCTIONS:

1. PLEASE READ AND COMPLETE BOTH SIDES OF THIS APPLICATION
2. Fee is **\$50.00** per business location for each license.
3. See Reverse for Payment Options & Address.
4. If your check is returned to us for insufficient funds, your license could be DENIED.

**1** In compliance with the definition of the term "dealer" given in IC 14-8-2-65(3) and IC 14-24-7 my business as a dealer of nursery stock makes it necessary that I obtain a nursery dealer's license. I am making application for such license and will deal only in nursery stock certified as being free from injurious and destructive pests and diseases.

### PLEASE PRINT OR TYPE

Name of Firm

Name of Contact Person

Address (number and street or R. R.)

Telephone Number  
( )

City

County

State

ZIP code

Mailing address (if different from above location) (number and street or R. R.)

City

County

State

ZIP code

**2** My business address, name &/or phone number has changed in the past year. Report any changes in the space provided below.

Former Name of Firm

Former Telephone Number  
( )

Former Address (number and street or R. R.)

City

County

State

ZIP code

- 3** ☐ I grew nursery stock that was inspected and certified during the 2002 season (IC 14-24-5). My **Certificate of Nursery Inspection** number is: \_\_\_\_\_ (This number will provide verification that I am eligible for the **\$20.00** Nursery Dealer's License).
- ☐ I plan to grow stock in the future.

**4** Nature of business

☐ Contractor ☐ Landscaper ☐ Garden Center ☐ Department Store ☐ Other (specify) \_\_\_\_\_

PLEASE LIST NAMES AND **COMPLETE** ADDRESSES OF PERSONS OR FIRMS FROM WHOM YOU PURCHASE INSPECTED AND CERTIFIED STOCK. (must be completed per IC 14-24-7-2)

**5** Additional sources may be listed on the back of this form or on an attached copy. Please include the complete business name and address of sources. You must list all persons and firms (**currently known or anticipating**) from whom you purchase stock.

PLEASE READ AND COMPLETE BOTH SIDES OF THIS APPLICATION. ALL INCOMPLETE APPLICATIONS WILL BE RETURNED.

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**Any intentional false statement on this application is a violation of law, punishable under the penalty of perjury.**

- I, the undersigned, do affirm that I am either:

A. A “nurseryman” means a person who owns, leases, manages or controls a nursery; or

B. A “dealer” who grows, handles or buys nursery stock for the purpose of reselling or reshipping that stock in Indiana.

- I affirm that I am properly qualified to be licensed under Indiana law as one who is selling or distributing stock pursuant to **IC 14-24**.

- I affirm that this license **will not** be used solely to purchase plants for my personal use or use by family members & for landscaping around my place of business.

- I consent to having my Name and Business Information published as part of an electronic directory of Licensed Dealer’s.

NURSERY STOCK means botanically classified hardy perennial or biennial trees, shrubs, vines, fruit pits and other plants or plant parts capable of propagation. The term **does not** include corms, tubers, field vegetables, or flower seeds. (IC14-8-2-184)

The purpose of the Nursery Dealer License is to insure that only inspected and certified nursery stock is sold in Indiana. The Nursery Dealer License application requires a list of sources where nursery stock is purchased. The record of sources is compared with nursery inspection records to ensure that certified stock is sold in Indiana.

**Signature of applicant (Must be manually signed)**

**Date signed (month, day, year)**

**Select Payment Method:**

Check: ☐ - No. \_\_\_\_\_

Money Order: ☐ - No. \_\_\_\_\_

Cash: ☐ - \$ \_\_\_\_\_

Circle One:   Exp. Date: \_\_\_\_\_

***PRINT name as it appears on Credit Card***

***Card No.***

***Signature***

**Make Payments to: “DNR”**

**Please Remit all Payments to:**

INDIANA DEPARTMENT OF NATURAL RESOURCES  
DNR SALES UNIT  
402 WEST WASHINGTON STREET, ROOM W-160  
INDIANAPOLIS, IN. 46204-2742

Do you have a computer with Internet access? If so please provide your email address for exotic pest & regulatory information updates.

**Email address:**

ADDITIONAL SOURCES (continued)  
ATTACH A SEPARATE SHEET IF NECESSARY